

## MARYLAND STATE DEPARTMENT OF HEALTH

2748

2411 N. Charles Street, Baltimore

02736

## CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH COUNTY <i>Howard</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md</i> COUNTY <i>Howard</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Elkridge</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Elkridge (Rural)</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>R.F.D.T. Box 73</i>		STREET ADDRESS <i>R.F.D. 4 Box 73</i>	
3. NAME OF DECEASED (Type or Print) <i>William Nelson Atwell</i>	(First) <i>William</i>	(Middle) <i>Nelson</i>	(Last) <i>Atwell</i>
4. DATE OF DEATH <i>March 4 1955</i>	(Month) <i>March</i>	(Day) <i>4</i>	(Year) <i>1955</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>June 10, 1863</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Insurance</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Insurance</i>	11. BIRTHPLACE (State or foreign country) <i>Huntington Md</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William Fletcher Atwell</i>	14. MOTHER'S MAIDEN NAME <i>Barbara Wilkinson</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>220-07-1949</i>	17. INFORMANT AND ADDRESS <i>Richard A. Atwell, 220-07-1949</i>	18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

*141X*  
Immediate cause

(a) *Carcinoma of tongue* 2 yrs  
 Antecedent cause(s)  
 Diseases or conditions, if any,  
 giving rise to the above cause  
 stating the underlying cause last  
 (b) *Esophagogastritis* 10 yrs  
 (c) *Cardiopathy*

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

*None*

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *June 1953*, to *March 1955*, that I last saw the deceasedalive on *March 1955*, and that death occurred at *9 a.m.*, from the causes and on the date stated above.  
SIGNATURE *Dr. B. B. Brumbaugh* ADDRESS *1609 Main St. Elkridge 27 Md. 3/11/55*

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <i>BURIAL</i>	DATE THEREOF <i>3/14/55</i>	NAME OF CEMETERY OR CREMATORIAL <i>GRACE EPIS.</i>	LOCATION (City, town, or county) <i>ELKRIDGE, Md.</i>
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DATE REC'D BY LOCAL REG. <i>March 13, 1955 (Dwight E. Reed Killings)</i>	REG. <i>13</i>	REGISTRAR'S SIGNATURE <i>F.C. Higginbotham</i>	24. FUNERAL DIRECTOR <i>Elkridge City, Md.</i>
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BUREAU V. S.

MAR 15 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH

02737

2749

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 19/.....

1. PLACE OF DEATH COUNTY HOWARD		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Howard	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Ellicott City		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City		STREET ADDRESS (If rural, give location) Columbia Road	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Columbia Road							
3. NAME OF DECEASED (Type or Print)	(First) ADAM	(Middle) P	(Last) BARRETT	4. DATE OF DEATH	(Month) 3-4-1955	(Day) 19	(Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 5-6-1882	9. AGE last birthday 72 yrs.	If under 1 year Months	If under 24 hrs Days	If under 24 hrs Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Oldham, Lancashire, England	12. CITIZEN OF WHAT COUNTRY USA			
13. FATHER'S NAME Joseph Barrett		14. MOTHER'S MAIDEN NAME Martha Buckley					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. A. K. Barrett, Ellicott City, Md				
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) <i>Coronary Occlusion</i> Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____  INTERVAL BETWEEN ONSET AND DEATH <i>Acute</i>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE INJURY		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 1, 1955</i> , to <i>March 4, 1955</i> , that I last saw the deceased alive on <i>March 4, 1955</i> , and that death occurred at <i>10:20 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>R. K. Hartman, M.D.</i> ADDRESS <i>Ellicott City</i> DATE SIGNED <i>3/5/55</i>							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 3-7-55		NAME OF CEMETERY OR CREMATORIAL New Cathedral		LOCATION (City, town, or county) Baltimore, Md (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>John B. Longham</i>		24. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md		ADDRESS	
Apr. 6, 1955		Per. B.E. L.					

BUREAU Y. S.

MAR 9 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02738  
2750

## CERTIFICATE OF DEATH

Reg. Dist. No. 190

## 1. PLACE OF DEATH:

COUNTY Howard MARYLAND  
 CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
 TOWN Elkridge LENGTH OF STAY  
 (in this place)  
33 yrs

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS  
00

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Howard  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN Elkridge  
 STREET  
ADDRESS 44 Haunt Clif Road  
 (If rural give location)

3. NAME OF  
DECEASED:  
(Type or Print) LEON HARD

(First) LEON (Middle) HARD (Last) BUETTNER

4. DATE (Month) (Day) (Year)  
OF DEATH: March 29 1955

5. SEX: Male 6. COLOR OR RACE: White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): Widower

8. DATE OF BIRTH: Jan. 24, 1867

9. AGE last birthday: 88 IF UNDER 1 YEAR  
IF UNDER 24 HRS.  
Yrs. Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of  
work done during most of working life,  
even if retired): Retired

10b. KIND OF BUSINESS OR  
INDUSTRY: Baker

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT  
COUNTRY? U.S.A.

13. FATHER'S NAME: Buettner

14. MOTHER'S MAIDEN NAME: Eva Doener

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service) 9 -

16. SOCIAL SECURITY NO.: no -

17. INFORMANT & ADDRESS: 44 Haunt Clif Rd.

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause

(a) DUE TO

Carcinoma of Colon

Interval Between  
Onset And Death

2 yrs.

Antecedent causes (s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last.

(b) DUE TO

Metastasis

3 mos.

(c) DUE TO

Secondary anemia

6 mos.

Myocarditis

2 mos.

Senility

10 yrs.

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No

21. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF  
INJURY

INJURY OCCURRED  
While at Work  Not While At Work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1955, to March 29, 1955, that I last saw the deceased

alive on March 29, 1955, and that death occurred at 8:45 a.m. from the causes and on the date stated above.  
SIGNATURE Elkridge (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county)  
REMOVAL (Specify) Burial April 1, 1955 London Park Cemetery Baltimore (State)  
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE March 29, 1955 Henry W. Jenkins & Sons, Co. ADDRESS  
REGISTRAR 4905 York Rd. Baltimore Md.

24. FUNERAL DIRECTOR

ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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V.S. A15

BUREAU V. S

MAR 31 1955

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

COUNTY **HOWARD**

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)TOWN **Poplar Springs**HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
(First)  
DECEASED:  
(Type or Print) **LUCY**(Middle)  
RACE:  
colored7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify) married(Last)  
BOWIE8. DATE OF BIRTH:  
6-10-18814. DATE  
(Month)  
OF  
DEATH  
3(Day)  
19, 19  
55

5. SEX:

female

6. COLOR OR  
RACE:  
colored10a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if retired): **housewife**10b. KIND OF BUSINESS OR  
INDUSTRY:  
own home8. DATE OF BIRTH:  
6-10-18819. AGE last birthday:  
73IF UNDER 1 YEAR  
Months Days Hours Min.  
yrs.

13. FATHER'S NAME:

**Kale Potts**

14. MOTHER'S MAIDEN NAME:

**Amelia Hosley**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service)

NO

16. SOCIAL SECURITY NO.:

none

17. INFORMANT &amp; ADDRESS:

**John Burns, Mt. Airy, Md.**

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

**812x**  
Immediate cause(a)...  
DUE TO**Crushed Chest Puncture of**

Antecedent cause(s)

Diseases or conditions, if any, (b)...  
giving rise to the above cause DUE TO  
stating underlying cause last (c)**Diaphragm Massive internal  
hemorrhage**INTERVAL BETWEEN  
ONSET AND DEATHII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes  No 21a. EXTERNAL CAUSE WAS  
PRIMARY  or CONTRIBUTING  CAUSE OF DEATH.21b. PLACE (Home, farm, factory,  
OF street, office bldg., etc.,  
INJURY Street21c. (City or town) (County)  
**Poplar Springs Howard**(State)  
**Maryland**21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY **3/19/55 7:45 P.M.**21e. INJURY OCCURRED  
While at Not while  
work  at work 21f. HOW DID INJURY OCCUR?  
**Struck by his and run car.**22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and  
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

**Willie Howard**CHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAM.

DATE SIGNED

**3-20-55**23. BURIAL, CREMATION,  
REMOVAL (Specify): **BURIAL**DATE THEREOF **3-22-1955**REGISTRAR'S SIGNATURE **Pearl Mercer B**

LOCATION (City, town, or county) (State)

**Montg. Co., Maryland**

ADDRESS

DATE REC'D BY LOCAL  
REG. **MARCH 22, 1955**

24. FUNERAL DIRECTOR

**C. M. Waltz, Winfield, Md.****May 23, 1955**

BUREAU V.

APR 14 1975

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## MARYLAND STATE DEPARTMENT OF HEALTH

2752

2411 N. Charles Street, Baltimore

02739

## CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH- COUNTY Howard		MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Ellicott City		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland		COUNTY Howard	
		LENGTH OF STAY (in this place) 70 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City		(If rural give location) Columbia Road	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Columbia Road				STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last) JAMES CLARK		4. DATE OF DEATH March 25		(Month) (Day) (Year) March 25 1955	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH October 22, 1884.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY General Law		9. AGE last birthday 70 yrs.		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John L. Clark		14. MOTHER'S MAIDEN NAME Mary Corinne Talbott		12. CITIZEN OF WHAT COUNTRY U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. James Clark, Columbia Road Ellicott City, Md.		18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) Myocardial failure, congestive Antecedent cause(s) months Diseases or conditions, if any, (b) Pulmonary emphysema giving rise to the above cause stating the underlying cause last stating the underlying cause last (c) arteriosclerosis of coronary arteries Papilloma, urinary bladder years years years years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/> m. At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from January 1955, to March 1955, that I last saw the deceased alive on March 24, 1955, and that death occurred at 5 A. m., from the causes and on the date stated above. SIGNATURE Donald E. Tishm ADDRESS Ellicott City, Md. DATE SIGNED March 26, 1955							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE Mar. 27, 1955		NAME OF CEMETERY OR CREMATORIAL St. John's Cemetery		LOCATION (City, town, or county) (State) Ellicott City, Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE John B. Loughran.		24. FUNERAL DIRECTOR Eaton Sons, Ellicott City, Md.		ADDRESS	
Oyarch 26, 1955		Per. B. E. L.					

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MAR 29 1955

RECEIVED

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2753

MARYLAND STATE DEPARTMENT OF HEALTH

02740

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH. COUNTY <u>HOWARD</u>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>MD</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>ELLIOTT CITY</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>BALTO. (13)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>90 HIGHLAND MANOR Home</u>		STREET ADDRESS <u>3313 HOWARD AVE</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>JOHN</u>	(Middle) <u>T.</u>	(Last) <u>CLARKE</u>
4. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>SINGLE</u>	4. DATE OF DEATH (Month) <u>3</u> (Day) <u>31</u> (Year) <u>1955</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Horse Trainer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RACING</u>	9. AGE last birthday (If under 1 year, Months Days Hours Min.) <u>85 yrs.</u>
13. FATHER'S NAME <u>J. T. CLARK, SR</u>		11. BIRTHPLACE (State or foreign country) <u>NEY YORK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		14. MOTHER'S MAIDEN NAME <u>MARY ANN</u> (?)	
17. INFORMANT <u>MRS. LUCY HOPSON</u>			

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X  
Immediate cause(a) Generalized arteriosclerosis, cerebral degeneration and hypertensionINTERVAL BETWEEN  
ONSET AND DEATH5 years

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(b)

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>From 3-6-55 to 3-30-55</u>
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22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry  thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes  accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

3-31-55

23. BURIAL, CREMATION (Specify) <u>BURIAL</u>	DATE THEREOF <u>4-2-55</u>	NAME OF CEMETERY OR CREMATORIAL <u>ROSEDALE &amp; LINDEN CEM.</u>	LOCATION (City, town, or county) <u>LINDEN, N.J.</u>	(State)
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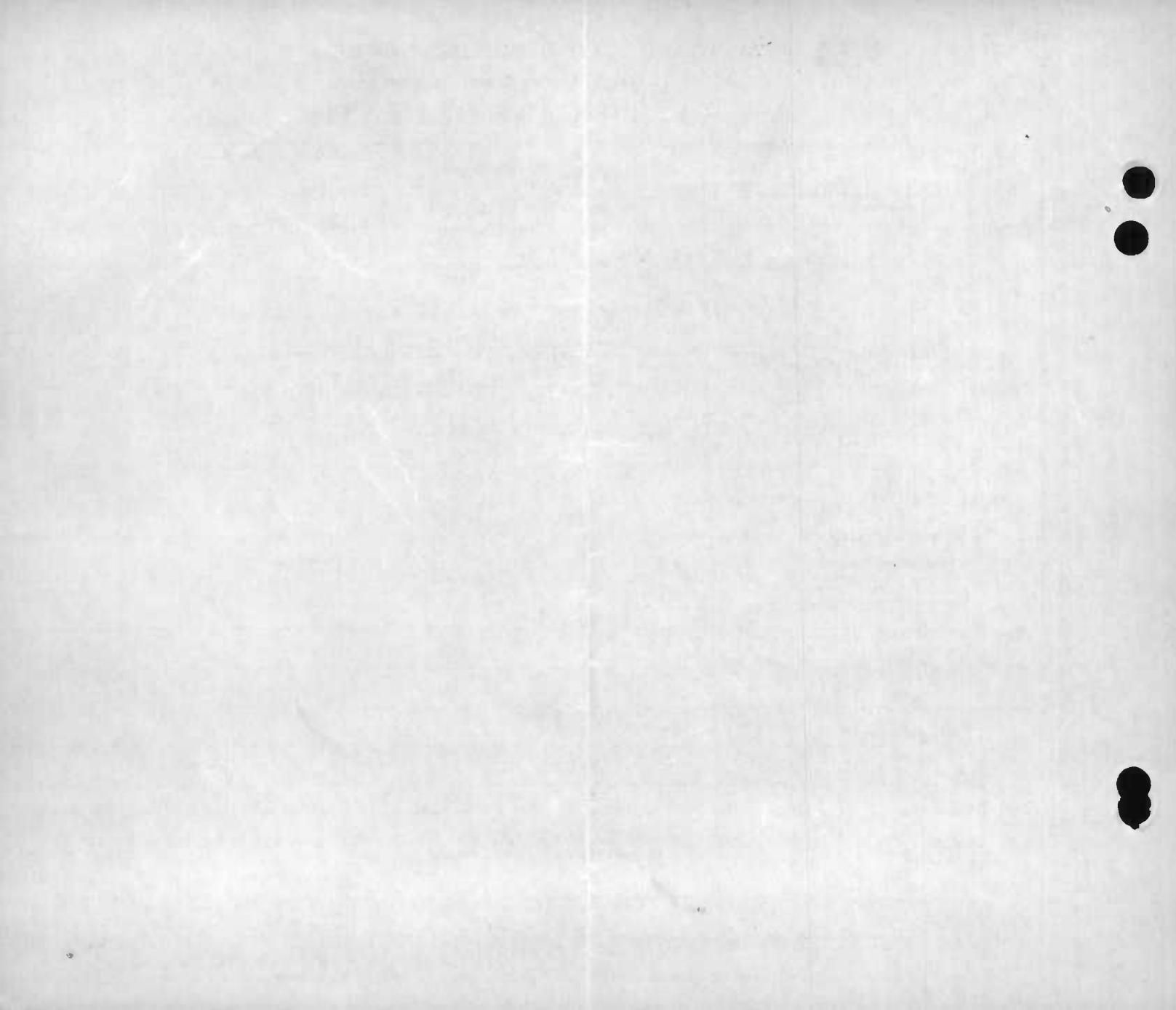
DATE REC'D BY LOCAL REG. <u>4/4/55</u>	REGISTRAR'S SIGNATURE <u>John Loughery</u>	24. FUNERAL DIRECTOR	ADDRESS <u>Walter Brooks Bradley, Glendale, N.Y. M.D.</u>
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BUREAU V. 2

APR 5 1955

RECEIVED





2755

## CERTIFICATE OF DEATH

Reg. Dist. No. 190

## 1. PLACE OF DEATH:

COUNTY Savage MARYLAND  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR Jessup LENGTH OF STAY (in this place)  
 TOWN 2 days

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS 00

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Savage  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR Jessup STREET (If rural give location)  
 TOWN Jessup

3. NAME OF  
DECEASED:  
(Type or Print)(First) Lorraine (Middle)  (Last) Jannan

## 4. SEX:

6. COLOR OR  
RACE: F W7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify): Married

## 8. DATE OF BIRTH:

August 6, 18864. DATE  
OF  
DEATH: March 2 (Month) 1955 (Year)9. AGE last birthday: IF UNDER 1 YEAR 68 yrs. IF UNDER 24 HRS.  
Months 6 Days 8 Hours 0 Min. 010a. USUAL OCCUPATION Give kind of  
work done during most of working life,  
even if retired): Housewife10b. KIND OF BUSINESS OR  
INDUSTRY: Own home11. BIRTHPLACE (State or foreign country): Jessup, Maryland12. CITIZEN OF WHAT  
COUNTRY?: USA

## 13. FATHER'S NAME:

William Harmon

## 14. MOTHER'S MAIDEN NAME:

Mary Layman15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 yrs

## 16. SOCIAL SECURITY NO.:

## 17. INFORMANT &amp; ADDRESS:

Mr. Clarence B. Jannan, Jessup, Md

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X  
Immediate cause

## (a) DUE TO

## (b) DUE TO

## (c)

Ac. Cerebral-Vascular Accident -Interval Between  
Onset And Death  
30 min.Hypertensive Cardio-Vascular Disease3 yrs.

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 21. ACCIDENT  
SUICIDE  
HOMICIDE

## (Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)  
INJURY

## (CITY OR TOWN)

## (COUNTY)

## (STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURYINJURY OCCURED  
While at Work  Not While At Work 

## HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1952 to March 2, 1955, that I last saw the deceasedalive on Mar. 1, 1955, and that death occurred at 6 P.M. from the causes and on the date stated above.SIGNATURE Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED Mar. 5, 195523. BURIAL, CREMATION,  
REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORIUM

## LOCATION (City, town, or county)

## (State)

DATE REC'D BY LOCAL  
REGISTRAR

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

## ADDRESS

3/4/55E. Bird WilliamsDe Wit, Hanahan, Laurel, Mdper F. E.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 8 1955

BUREAU V. S.

## MARYLAND

2756

## STATE DEPARTMENT OF HEALTH

02743

## CERTIFICATE OF DEATH

Reg. Dist. No. 13

195

RECEIVED  
BUREAU V.

MAR 29 1955

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 19.1

1. PLACE OF DEATH COUNTY Howard			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Howard		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Ellicott City			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 Columbia Road			STREET ADDRESS 60 Columbia Road		
3. NAME OF DECEASED (Type or Print) MILDRED		(First) (Middle) H.	(Last) GRAHAM		4. DATE OF DEATH 3-14-1955
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec. 24, 1893	9. AGE last birthday 61 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Mach. Opr.		10b. KIND OF BUSINESS OR INDUSTRY Sewing Factory	11. BIRTHPLACE (State or foreign country) Ellicott City Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Arthur B. Graham			14. MOTHER'S MAIDEN NAME Nellie Louise Beatty		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 216-01-0695	17. INFORMANT AND ADDRESS Mrs. Clark Meads, Ellicott City, Md		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 155X Immediate cause (a) <i>Carcinoma of Gall Bladder</i> INTERVAL BETWEEN Antecedent cause(s) (b) <i>Metastatic Carcinoma of liver and</i> Diseases or conditions, if any, giving rise to the above cause <i>pancreas.</i> stating the underlying cause last (c) <i>inoperable carcinoma of</i> <i>gall Bladder; metastasis to liver and pancreas</i>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 1/12/29/55 54	19b. MAJOR FINDINGS OF OPERATION <i>metastatic carcinoma of liver and</i> <i>pancreas.</i>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 3/29, 1955, to 3/13, 1955, that I last saw the deceased alive on 3/13, 1955, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE: *George E. Bugay M.D.*ADDRESS: *Ellicott City*DATE SIGNED: *3/15/55*

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3-17-55	NAME OF CEMETERY OR CREMATORIAL St. Johns	LOCATION (City, town, or county) Ellicott City, Md
DATE REC'D BY LOCAL REC	REGISTRAR'S SIGNATURE <i>John B. Lyngbush</i>	24. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md	
24a. REC'D BY LOCAL REC	REGISTRAR'S SIGNATURE <i>Per B. E. L.</i>	ADDRESS	

BUREAU V. S.

MAR 17 1955

RECEIVED



REC'D  
MAR 14 1955

BUREAU V.

2759

## CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>X</i>	Howard	MARYLAND	STATE Maryland		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		
Ellicott City			Baltimore		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)			
90 Highland Manor Nursing Home		632 Willow Avenue			
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE OF DEATH: (Month) (Day) (Year)			
Mr. John E. Lewis		March 20th 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:		
male	white	divorced	Sept. 7, 1878		
9. AGE last birthday:		IF UNDER 1 YEAR	IF UNDER 24 HRS.		
76 yrs.		Months	Days		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):		
Self Emp. Printer			Baltimore, Maryland		
12. CITIZEN OF WHAT COUNTRY?		USA			
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:			
Mr. John E. Lewis		Julia Fales			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.:			
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS:			
9		Mr. Charles E. Lewis, 632 Willow Ave.			
18. MEDICAL CERTIFICATION					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				Interval Between Onset And Death	
332X Immediate cause (a) <i>Cerebral Thrombosis with left</i> DUE TO					
Antecedent causes (s) (b) <i>Hemiplegia</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO				6 weeks	
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?		
22. I hereby certify that I attended the deceased from 3-9, 1955, to 3-20, 1955, that I last saw the deceased alive on 3-19, 1955, and that death occurred at 8:15 AM, from the causes and on the date stated above. SIGNATURE <i>Robert B. Taylor MD</i> (Degree or title) ADDRESS <i>Ellicott City Md</i> DATE SIGNED <i>3-21-55</i>					
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Marc. 23, 1955	NAME OF CEMETERY OR CREMATORIAL Parkwood Cemetery	LOCATION (City, town, or county) Baltimore, Maryland	(State)
DATE REC'D BY LOCAL REGISTRAR 3-22-55		REGISTRAR'S SIGNATURE <i>R. W. Deolick</i>	24. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road #14		

Dr. Robert Taylor  
700 Cathedral Street  
Monday 3 P.M, Office.

## CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLACE OF DEATH COUNTY	Mimberelle House on Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town)	LENGTH OF STAY (in this place)	
TOWN	Mimberelle	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Royal	

2. USUAL RESIDENCE (HOME) OF DECEASED STATE	Mimberelle	
CITY (If outside corporate limits, write RURAL and give nearest town)	Maryland	
OR TOWN	Baltimore City	
STREET ADDRESS	413 S. Turner St	

3. NAME OF DECEASED (Type or Print)	(First) <i>Harmon</i>	(Middle) <i>Carl</i>	(Last) <i>Marx</i>	4. DATE OF DEATH	(Month) <i>March</i>	(Day) <i>25</i>	(Year) <i>1955</i>
5. SEX	<i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Single</i>	8. DATE OF BIRTH	<i>June 17, 1914</i>	9. AGE last birthday yrs.	If under 1 year Months. Days Hours If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	<i>James Marx</i>		<i>Waltzow, Md</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>9</i>	16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME				
(If year, give war or dates of service)	<i>218-09-0190</i>		<i>Waltzow, Carl</i>				
17. INFORMANT AND ADDRESS	<i>Marie E. Marx</i>		<i>3076 Meridene Rd</i>				

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
16.3x Immediate cause		(a) <i>Cardiac Arrest.</i>					
Antecedent cause(s)		(b) <i>Carcinoma Lung, generalized metastasis - March 55</i>					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c) <i>To liver, bone &amp; glands.</i>					
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <i>7th</i> , 19 <i>55</i> , to <i>25 March</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>25 March</i> , 19 <i>55</i> , and that death occurred at <i>4:30 p.m.</i> , from the causes and on the date stated above.		
SIGNATURE <i>Howard E. Hall</i> (Degree or title) <i>no</i>	ADDRESS <i>Sprinkle, Md</i>	DATE SIGNED <i>25 March 55</i>

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE <i>May 28, 1955</i>	NAME OF CEMETERY OR CREMATORIUM <i>Art Oliver</i>	LOCATION (City, town, or county) <i>Baltimore, Md</i>	(State) <i>MD</i>
DATE REC'D BY LOCAL REC'D	REGISTRAR'S SIGNATURE <i>John B. Loughran</i>	24. FUNERAL DIRECTOR ADDRESS <i>F. J. J. Murphy 1360 Eastern Blvd</i>		
<i>March 30, 1955</i>	<i>John B. Loughran</i>			
	<i>Per. B. E. L</i>			

RECEIVED  
BUREAU V. S.

APR 1 1955

**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

No. 192

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	Howard	STATE	Maryland
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Ellicott City (rural)		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ellicott City rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
000 Frederick Road R F D 2		R F D 2 Frederick Road	
3. NAME OF DECEASED: (Type or Print)		(Last)	
MARGARET		J MILLER	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH: 10-24-1875
Female	White	Widowed	9. AGE last birthday: 79 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): At Home		10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Woodbine, Md
13. FATHER'S NAME: James Touey		14. MOTHER'S MAIDEN NAME: Alice V. Pickett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.: None	17. INFORMANT & ADDRESS: August Miller, Ellicott City, Md
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1 Immediate cause (a) DUE TO Coronary Thrombosis Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: none		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town) (County) None (Baltimore)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> SIGNATURE George E. Higinbotham, M.D. CHIEF MEDICAL EXAMINER Ellicott City, Md. DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. DATE SIGNED 3-17-55			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 3-19-1955	NAME OF CEMETERY OR CREMATORIAL Loudon Park
DATE REC'D BY LOCAL REG. NO. 19, 1955		LOCATION (City, town, or county) Baltimore, Md	
REG. NO. 19, 1955		REGISTRAR'S SIGNATURE Alice G. Hepp per E. L. Spaulding	
		24. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md.	
		ADDRESS	

BUREAU Y. S.

MR

RECEIVED

2762

## MARYLAND STATE DEPARTMENT OF HEALTH

02750

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Howard		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland		COUNTY Howard			
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR			
X TOWN Ellicott City				TOWN Ellicott City					
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Manor Lane		STREET ADDRESS		Manor Lane			
3. NAME OF DECEASED (Type or Print)		(First) EDWARD	(Middle) LEO O'DONNELL	(Last)	4. DATE OF DEATH	(Month) March	(Day) 8	(Year) 1955	
5. SEX Male		6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER	8. DATE OF BIRTH 4-26-1869	9. AGE last birthday 85	If under 1 year Months	If under 24 hrs Days	If under 1 Min Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?			
Retired									
13. FATHER'S NAME James O'Donnell		14. MOTHER'S MAIDEN NAME Mary Naddy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None			
						17. INFORMANT AND ADDRESS Mary Klein, Ellicott City, Md			
18. MEDICAL CERTIFICATION									
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 Immediate cause (a) <i>Arteriosclerotic Cardio-Vascular Disease 2 years</i>									
Antecedent cause(s) Diseases or conditions, if any, (b) _____ giving rise to the above cause stating the underlying cause last (c) _____									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death none									
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 11/1, 1953, to 3/8, 1955, that I last saw the deceased alive on 3/7, 1955, and that death occurred at 9 A.m., from the causes and on the date stated above. SIGNATURE <i>George E. Brugton M.D.</i> ADDRESS DATE SIGNED 3/9/55 (Degree or title) ADDRESS DATE SIGNED 3/9/55									
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 3-11-55		NAME OF CEMETERY OR CREMATORIAL St. Louis		LOCATION (City, town, or county) Clarksville			(State)
DATE REC'D BY LOCAL REC'D Mar. 11, 1955		REGISTRAR'S SIGNATURE John L. Loughron		24. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md					ADDRESS

RECEIVED  
BUREAU V. S.  
MAR 24 1955

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed **within 24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

vs A15C 1-55 10M

## **MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

2763

## CERTIFICATE OF DEATH

02751

191

**Reg. Dist. No**

Items 11-12 Film 6180 4-18-55 et

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY	Howard	MARYLAND	Maryland	
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)	Ellicott City	LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Highland Manor	STREET ADDRESS (If rural give location)	312 Park Avenue	
3. NAME OF DECEASED (Type or Print)		(First) Yee	(Middle) Ho	
		(Last) On	4. DATE OF DEATH March 7, 1955	
5. SEX Male	6. COLOR OR RACE Yellow	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	B. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook	10b. KIND OF BUSINESS OR INDUSTRY restuarant	9. AGE last birthday 79 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Hours Min.
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  443X IMMEDIATE CAUSE (A) Hypertensive cardio-vascular disease  ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. et work		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> et work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/29, 1955, to 3/7, 1955, that I last saw the deceased alive on 3/5, 1955, and that death occurred at 10 P.M., from the causes and on the date stated above. SIGNATURE Robert B. Taylor M.D.				
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		DATE THEREOF 3-8-55	NAME OF CEMETERY OR CEMATORIAL WahWingSangFuneral Home	LOCATION (City, town, or county) 25 Mulberry St., New York, N.Y.
24. REC'D BY REGISTRAR DATE 3/22/55		REGISTRAR'S SIGNATURE John Loughran	25. FUNERAL DIRECTOR'S SIGNATURE Earl B. Wolverton Funeral Home	ADDRESS

CERTIFICATE OF DEATH

5003

1955

DECEASED PERSON'S NAME

DEATH DATE

DEATH PLACE

NAME AND ADDRESS OF REPORTER

NAME AND ADDRESS OF PHYSICIAN

NAME AND ADDRESS OF FUNERAL DIRECTOR

NAME AND ADDRESS OF HOSPITAL

NAME AND ADDRESS OF POLICE DEPARTMENT

NAME AND ADDRESS OF MEDICAL EXAMINER

NAME AND ADDRESS OF CORoner

NAME AND ADDRESS OF ATTORNEY

NAME AND ADDRESS OF FUNERAL HOME

NAME AND ADDRESS OF CEMETERY

NAME AND ADDRESS OF FUNERAL DIRECTOR

NAME AND ADDRESS OF HOSPITAL

NAME AND ADDRESS OF MEDICAL EXAMINER

NAME AND ADDRESS OF CORoner

NAME AND ADDRESS OF ATTORNEY

NAME AND ADDRESS OF FUNERAL HOME

NAME AND ADDRESS OF CEMETERY

NAME AND ADDRESS OF FUNERAL DIRECTOR

NAME AND ADDRESS OF HOSPITAL

NAME AND ADDRESS OF MEDICAL EXAMINER

NAME AND ADDRESS OF CORoner

NAME AND ADDRESS OF ATTORNEY

NAME AND ADDRESS OF FUNERAL HOME

NAME AND ADDRESS OF CEMETERY

NAME AND ADDRESS OF FUNERAL DIRECTOR

NAME AND ADDRESS OF HOSPITAL

NAME AND ADDRESS OF MEDICAL EXAMINER

NAME AND ADDRESS OF CORoner

NAME AND ADDRESS OF ATTORNEY

NAME AND ADDRESS OF FUNERAL HOME

NAME AND ADDRESS OF CEMETERY

BUREAU U. S.

MAR 22 1955

RECEIVED

2764

## CERTIFICATE OF DEATH

Reg. Dist. No. 195

## 1. PLACE OF DEATH:

COUNTY Howard MARYLAND  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  TOWN Rural Laurel LENGTH OF STAY  
 (in this place)  
 HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS Scaggsville

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Howard  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  TOWN Rural Laurel  
 STREET ADDRESS Scaggsville (If rural give location)

## 3. NAME OF

(First)

(Middle)

(Last)

DECEASED:  
(Type or Print)JohnBelanRobey

## 4. DATE

(Month)

(DRY)

(Year)

## OF DEATH:

March11955

## 5. SEX:

M6. COLOR OR  
RACE:  
W7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify):MARRIEDDecember 13 1886

## 8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR

68 yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION Give kind of  
work done during most of working life,  
even if retired: mail carrier10b. KIND OF BUSINESS OR  
INDUSTRY: US Gant11. BIRTHPLACE (State or foreign country): Burtonsville Md12. CITIZEN OF WHAT  
COUNTRY? USA

## 13. FATHER'S NAME:

John J. Robey

## 14. MOTHER'S MAIDEN NAME:

Clara Shaab15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service) No

## 16. SOCIAL SECURITY NO.:

217-32-1831

## 17. INFORMANT &amp; ADDRESS:

Mrs Eliza Robey, Laurel Md

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9030

Immediate cause

(a) DUE TO

Virus PneumoniaInterval Between  
Onset And Death4 days.

## Antecedent causes (s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last.

(b) DUE TO

Fractured L. Femur1 yr.

(c) DUE TO

Generalized Arteriosclerosis10Generalized Hypertrophic Arthritis17 yr.

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

Yes  No 21. ACCIDENT 

(Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.) Home

(CITY OR TOWN)

(COUNTY) 13(STATE) MdSUICIDE HOMICIDE 

TIME (Month) (Day) (Year) (Hour)

INJURY OCCURRED

While at Not While  
Work  At Work 

HOW DID INJURY OCCUR?

OF INJURY 3

13

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10AM

While at Not While  
Work  At Work 

How did injury occur?

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While

BUREAU V. S.

MAR 9 1955

REGISTRY

2765

## CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY <u>Howard</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Ellisott City, Md.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Howard</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Ellisott City, Md.</u> STREET ADDRESS <u>Frederick &amp; Legion Rd.</u>	
3. NAME OF DECEASED: (Type or Print) <u>WALTER CLARENCE RODGERS</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>March 8, 1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widower</u>	8. DATE OF BIRTH: <u>July 23, 1873</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): <u>Caretaker</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Baltimore City College</u>	
11. BIRTHPLACE (State or foreign country): <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Frederick Rodgers</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Durham</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS: <u>4502 Fred. Rodgers Rd. apt. B3</u>			
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1</u> IMMEDIATE CAUSE <u>congestive heart failure</u> ANTECEDENT CAUSE (S) <u>myocardial ischemia</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>cerebral thrombosis</u>			
19A. DATE OF OPERATION: <u>none</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>1 year</u> <u>years</u> <u>3 months</u>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>Ellisott City, Md.</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <u>+</u>			
22. I hereby certify that I attended the deceased from <u>12-2-</u> , 19 <u>54</u> to <u>3-8-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-1-</u> , 19 <u>55</u> , and that death occurred at <u>3 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Donald E. Teller M.D.</u> ADDRESS <u>Ellisott City, Md.</u> DATE SIGNED <u>3-11-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Mar. 11, 1955</u> NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>March 11, 1955</u>		REGISTRAR'S SIGNATURE <u>John B. Longman, Jr.</u> ADDRESS <u>608 Fred. Ave., Fenton Sons, Fentonville 28, Md.</u>	
24. FUNERAL DIRECTOR <u>Baltimore</u>			

BUREAU V. S.

MAR 14 1955

RECEIVED